

ART 34

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)	09/647596	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/						51		
2	/						52		
3	2						53		
4	5						54		
5	9						55		
6	9						56		
7	0						57		
8	0						58		
9	0						59		
10	0						60		
11	0						61		
12	/						62		
13	1						63		
14	5						64		
15	8						65		
16	8						66		
17	0						67		
18	0						68		
19	0						69		
20	/						70		
21	/						71		
22	/						72		
23	5						73		
24	1						74		
25	1						75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/						TOTAL IND.		
TOTAL DEP.	11						TOTAL DEP.		
TOTAL CLAIMS	29						TOTAL CLAIMS		